## PART B - FEE(S) TRANSMITTAL

per with applicable fee(s), to: Mail Complete and send this form, together

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or Fax

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

27572

7590

04/28/2004

HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828 **BLOOMFIELD HILLS, MI 48303** 

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

definition to the out 10, on the date indicated below.	
	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/629,410	07/29/2003	Stefan Eichhorst	5362-000471	7243	

TITLE OF INVENTION: CONVERTIBLE ROOF LATCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330	\$300	\$1630	07/28/2004		
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
PEDDER,	DENNIS H	3612	296-128000				

- 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
  - ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
  - U "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Harness, Dickey & Pierce, P.L.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

ASC Incorporated

Southgate, MI

Please check the appropriate assignee category or categories (will not be	printed on the patent);	<b>□</b> individual	XXcorporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
☐ Issue Fee	☐ A check in the amoun	nt of the fee(s)	is enclosed.			
☐ Publication Fee	☐ Payment by credit ca					
☐ Advance Order - # of Copies	M The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 50-0275 (enclose an extra copy of this form).					
			<del></del>			

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria Virginia 27313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450

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PTO/SB/21 (04-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Application Number	10/629,410				
		Filing Date	7/29/03				
		First Named Inventor	Stefan Eichhorst				
		Art Unit	3612				
	Examiner Name	Dennis H	Dennis H. Pedder				
Total Number of Pages in This Submission	7	Attorney Docket Number	5362-000	)471			
	ENCLOS	SURES (check all that apply)					
Fee Transmittal Form	Drawing	(s)		After Allowance Communication to Technology Center (TC)			
Fee Attached	Licensing	g-related Papers		l Communicals and Inter			
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		to Convert to a nal Application	Propri	etary Inform	ation		
Affidavits/declaration(s)		f Attorney, Revocation of Correspondence Address	☐ Status	Letter			
Extension of Time Request	Terminal	l Disclaimer		Other Enclosure(s) (please identify below):			
Express Abandonment Request	I	for Refund	PTOL-85, Part B dated 6/15/04 (in duplicate); postcard				
Information Disclosure Statement							
Certified Copy of Priority Document(s)	Remark	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-0275. A duplicate copy of this sheet is enclosed.					
Response to Missing Parts/ Incomplete Application			<b>.</b>	,			
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNA	TURE OF A	PPLICANT, ATTORNEY, (	OR AGENT				
Firm or Individual name Harness, Dickey 8	Attorney Name Charles H. Blair	· ····································			eg. No. 9734		
Signature XXX							
Date June 15, 2004							
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Charles H. B	air 🔿		Express Mail Label No.				
Signature	Va		Date	6	15	OA	

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Complete if Known

PTO/SB/17 (10-03)
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EEE TRANSMITTAL

I LL ITTANSIVITIAL		Application Number			1-/629,410			
for FY 2004		Filing Date 7/29/03			13			
	First N	lamed Ir	ventor	or Stefan Eichhorst				
Effective 10/01/2003. Patent fees are subject to annual revision.	Exam	iner Nan	r Name Dennis H. Pedder					
Applicant claims small entity status. See 37 CFR 1.27	Art Ur	nit		3612				
TOTAL AMOUNT OF PAYMENT (\$) 1,630	Attorney Docket No. 5362-000471							
METHOD OF PAYMENT (check all that apply)				FEE C	ALCULATION (continued)			
Credit card  Money  Other  None	3. AE	DITIO	VAL FE	ES				
Order  Deposit Account:		Entity	Small E					
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description F	ee Pald		
Account 50-0275	1051	130	2051	65	Surcharge - late filing fee or oath			
Number	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Deposit Account ASC Incorporated	1053	130	1053	130	Non-English specification			
Name	1812 1804	2,520 920*	1812 1804	2,520 920*	For filing a request for reexamination  Requesting publication of SIR prior to	$\vdash$		
The Director is authorized to: (check all that apply)  ☑ Charge fee(s) indicated below ☑ Credit any overpayments					Examiner action			
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application ☐ Charge fee(s) indicated below, except for the filling fee	1805	1,840*	1805	1,840*	Examiner action			
to the above-identified deposit account.	1251 1252	110 420	2251 2252	55 210	Extension for reply within first month  Extension for reply within second			
FEE CALCULATION					month			
1. BASIC FILING FEE	1253 1254	950	2253 2254	475	Extension for reply within third month			
Large Entity   Small Entity   Fee Fee Fee Fee Description	1254	1,480	2234	740	Extension for reply within fourth month			
Code (\$) Code (\$) Fee Paid	1255	2,010	2255	1,005	Extension for reply within fifth month			
1001 770 2001 385 Utility filing fee	1401	330	2401	165	Notice of Appeal			
1002 340 2002 170 Design filing fee	1402 1403	330 290	2402 2403	165 145	Filing a brief in support of an appeal			
1003         530         2003         265         Plant filing fee           1004         770         2004         385         Reissue filing fee	1451	1,510	1451	1,510	Request for oral hearing  Petition to institute a public use proceeding			
1005 160 2005 80 Provisional filling fee	1452	110	2452	55	Petition to revive - unavoidable			
SUBTOTAL (1) (\$) 0	1453	1,330	2453	665	Petition to revive – unintentional			
2 EVERA CLAIM FEEC FOR LITH ITV AND DEICCHE	1501	1,330	2501	665	Utility issue fee (or reissue)	1,630		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from Fee	1502	480	2502	240	Design issue fee	$\sqcup$		
Claims below Paid	1503	640	2503	320	Plant issue fee			
Total Claims20 ** = 0	1460 1807	130 50	1460 1807	130 50	Petitions to the Commissioner			
Independent Claims -3 ** = 0 X = 0	1806	180	1806	180	Processing fee under 37 CFR 1.17 (q) Submission of Information Disclosure Stmt			
Multiple Dependent X = 0	8021	40	8021	40	Recording each patent assignment per property (times number of			
Large Entity   Small Entity Fee Fee Fee Fee Fee Fee Peecription	1809	770	2809	385	properties) Filing a submission after final rejection			
Code (\$) Code (\$) Fee Description	1010	770	2012	205	(37 ČFR § 1.129(a))			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))			
1203 290 2203 145 Multiple dependent claim, if not paid  ** Reissue independent claims over	1801	770	2801	385	Request for Continued Examination (RCE)			
original patent	1802	900	1802	900	Request for expedited examination of a design application			
1205 18 2205 9 relisade claims in access 0/20 and over original patent	Other fo	e (speci	fy)					
SUBTOTAL (2) (\$) 0	*Redu	ed by Ba	asic Filing	Fee Pa	aid SUBTOTAL (3) (\$) 1,63	0		
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY					Complete (if applicable)			
Name (Print/Type)  Cytatings (Y)Blair  Registration No. (Attorney/Agent)		197	'34		Telephone 248-641-1600			
Signature					Date 6/15/04	4		
WARNING: Information on this form may become	nublic	Crodit	card int	ormat	ion should not be			

included on this form. Provide credit card information and authorization on PTO-2038.

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